## TOWN OF WESTFIELD RESIDENTIAL CLEANUP PROGRAM 2007 REGISTRATION APPLICATION

Please Print						
Name		Ward	#1	#2	#3	#4
Address						
Telephone No. (Day)		Telephone No. (Evening)				
Below please find a list	of acceptable disp	osal items and their approximate	e we	ight (i	in pou	ınds).
Air Conditioner Bathtub (cast iron) Chair (large stuffed) Chair (small) Coffee Table Desk (large) Dishwasher Door Dresser (adult) Dryer Freezer Gas Barbeque Grill	100 310 75 25 50 100 130 25 170 150 200 70	Microwave Oven Refrigerator Rug (3x5) Sink (porcelain) Sofa Sofa Bed Stove Table (large) Table (small) Tire Toilet & Tank TV (portable)	80 350 50 40 150 200 200 100 30 20 90			
Hot Water Heater Lawn Mower Mattress (double)	150 90 60	TV (console) Washing Machine Window	100 225 30			
for my Ward, but not be materials, regular house with excessive liquids, materials set at the curb lbs. of material. I under the weight limitations a	naterial at curbsice of the preceding the hold garbage, haza mandatory recyclals for collection. I we stand and agree that is determined by de	CNT OF AGREEMENT  le by 7:00 a.m. on Monday of g Saturday. I agree there will be ardous waste, flammable explosible materials, and similar types will not knowingly exceed the went any unauthorized material or resignated Town officials and/or the end of the collection day.	e no control ive volume version of items of the control in the con	constr vaste, ems in limita rials t	contaction of the contaction of the contaction of the contaction of the contact o	nainers ed in the of 750 cceed
Signature		Date				
NOTE: STICKER	MUST BE PLAC	ly payable to "Town of Westfie ED ON MOST VISIBLE ITE IN FRONT WINDOW TO B STREET.	M A			
TH	HIS SECTION FO	OR DEPARTMENT USE ONI Ward #1		22	#3	#4
InitialsCheck #		Permit #				